MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

WITHIN CORPORATE LIMITS O

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (210-m)

11033

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH

County Harford

City or town Havre De Grace Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Harford Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1½ day

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County

City or town Balto Ward No. 27
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 2915 Rinewood Av
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Chester F Aberts

3. (b) Social Security Number 216-01-9186

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 24-1920

8. AGE: Years 19 | Months 8 | Days 18 | If less than one day ____ hrs. ____ min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual occupation Machine Operator

11. Industry or business Western Elec Co

FATHER
12. Name William H. Aberts
13. Birthplace Pa

MOTHER
14. Maiden name Mary C Grant
15. Birthplace Md.

16. Informant A. W. Aberts

Address 2804 Berwick Ave

17. Burial (Burial, cremation, or removal Which?) Date thereof Nov 9 1939 (month) (day) (year)

Cemetery or crematory London Park

Location Balto Md.

18. Funeral director Leonard J Mush

Address 5305 Harford Rd.

19. Nov 6th 1939 (Date rec'd by registrar) James H. Bay Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 6 1939, at 9 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19 ____, to ____ 19 ____, and that I last saw h ____ alive on ____ 19 ____.

Immediate cause of death Shock & hemorrhage from Pt. Kidney & Liver Probable fractured Skull

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 11/5/39

Where did injury occur? Winters Run (City or town) Harford (County) Md. (State)

Injured at home, farm, industry, public place (where?) Public Road - Route 40

Means of injury auto accident Injured at work? no

23. SIGNATURE J H Ramsey M.D. Dep. Med. Examiner

Address Aberdeen, Md. Date signed 11/6/39

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BUREAU V. M.

11034

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County: Harford

City or town: Fallston

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 39 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Harford

City or town: Fallston Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Florence Ann Bachman

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

B (b) Name of husband or wife: J. Harry Bachman

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): July 31, 1878

8. AGE: Years 61 Months 8 Days 9 If less than one day ____ hrs. ____ min.

9. Birthplace: Baltimore Md.

(Town, county, and state)

10. Usual occupation: House wife

11. Industry or business

FATHER

12. Name: Wm H. Rothrock

13. Birthplace: Md.

MOTHER

14. Maiden name: Margaret Staylor

15. Birthplace: Md.

16. Informant: Mr. J. H. Bachman

Address: Fallston Md.

17. (Burial, cremation, or removal, which?) Date thereof 11/11/39 (month) (day) (year)

Cemetery or crematory: Sandow Park Cem.

Location: Baltimore Md.

18. Funeral director: Furnberger & Gross

Address: Benson Md.

19. Nov 10th 1939 (Date rec'd by registrar) N E Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 9, 1939, at 4 a.m. 35

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 8 1939, to Nov. 9, 1939, and that I last saw her alive on Nov. 7, 1939.

Immediate cause of death	DURATION
Pulmonary Embolism	1 hr.
Due to Carcinoma of Sigmoid Colon	6 mos.
Due to	
Other conditions Cerebral embolism (Paralysis left side body) (Include pregnancy within 3 months of death)	2 mos.

Major findings:

Df operations: Inoperable Carcinoma of Sigmoid Colon.

Df autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Clifford F. Hudson M. D. or other

Address: Fork, Md. Date signed 11/10/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11035

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Harford — Registration Dist. No. 182

Village or City County Home — No. Bel Air Md St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Boarman — If U. S. Veteran, specify WAR ✓

(a) Residence: No. Edmonston Md St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Sept 26-1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Sexton at

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. St Mary's Church

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Christopher Boarman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Clatrick

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT County Home (Address) Bel Air Md

18. BURIAL, CREMATION, OR REMOVAL Place St Mary's Date Nov 24, 1939

19. UNDERTAKER Dawson & Tatlow (Address) Bel Air Md

20. FILED Nov 24, 1939 N E Richardson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov (Month) 22 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1936, to Nov 22, 1939

I last saw him alive on Nov 19, 1939; death is said to heve occurrad on the date stated ebove, at 12 10 P m.

The PRINCIPAL CAUSE OF DEATH end related causas of importance were es follows:

	Date of onset
Cerebral Hemorrhage	3 days

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If daath wes due to extarnel causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, spacify

(Signed) Willard P. Hudson M. D.

(Address) Forest Hill, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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DEC 4 1929
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-2)

CERTIFICATE OF DEATH

11036

Reg. Dist. No. 184

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
City or town Whiteford, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Whiteford Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph Boyd

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widower

6 (b) Name of husband or wife Ella Boyd
6(c) If alive, give age Dead years

7. Birth date of deceased (mo., day, yr.) Nov. 9 - 1861

8. AGE:

Years	Months	Days	If less than one day
77	11	28	hrs. min.

9. Birthplace Harford Co. Md.
(Town, county, and state)
10. Usual occupation Retired
11. Industry or business
FATHER 12. Name David Boyd
13. Birthplace Harford Co. Md.
MOTHER 14. Maiden name Margaret A. Campbell
15. Birthplace Harford Co. Md.
16. Informant Mrs. Euceton Hemps
Address Whiteford, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 9 - 1939 (month) (day) (year)
Cemetery or crematory Emory Cemetery
Location Street, Md.
18. Funeral director Hubert O. Hopkins
Address Delta, Pa.
19. Nov. 9 1939 (Date rec'd by registrar) H. J. D. McNabb Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 7th 1939, at 1 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 6th 1939, to November 7th 1939, and that I last saw h im alive on November 7th 1939

Immediate cause of death	DURATION
Hypertensive C-V Disease	
Cerebral Hemorrhage	3 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Josiah A. Hunt, M.D.
M. D. or other
Address Cardiff, Md Date signed Nov. 7, 1939

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (948)

CERTIFICATE OF DEATH

11037

Reg. Dist. No. 48 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Harford

City or town Rural Near Aberdeen Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 73 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford

City or town Rural Near Aberdeen Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Brown

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Catherine J. Brown

6(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) March 12th 1866

8. AGE:

Years	Months	Days	If less than one day
73	8		hrs. min.

9. Birthplace Harford Co Md

(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace Germany

MOTHER 14. Maiden name Unknown

15. Birthplace Germany

16. Informant Mrs. John Brown

Address Aberdeen Md. R.F.D.

17. Burial (Burial, cremation, or removal, Which?) Date thereof Nov. 14, 1939 (month) (day) (year)

Cemetery or crematory St. Paul Lutheran

Location Perryman Md

18. Funeral director Henry Tanning Sons

Address Aberdeen Md.

19. Nov. 13 19 39 - O.C. Michael

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 12 1939, at 6:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-27 1937, to 11-12 1938, and that I last saw h alive on 11-6 1939.

	DURATION
Immediate cause of death Coronary occlusion	
Due to Generalized Arterial sclerosis	Years?
Due to	
Other conditions Gangrene of feet and toes	5 months

(Include pregnancy within 3 months of death)

Major findings:

Of operations Amputation at arm 1937 for embolism of brachial artery

Of autopsy none.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Fred O Hodous M.D.

M. D. or other

Address Edgewood Md Date signed

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (82-a)

11038

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
County Harford
City or town Bel-Air
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 137 Alice Ann St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) about 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Bel-Air Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 129 Archer Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs Lottie Buchanan

3. (b) Social Security Number none

4. Sex: Female
5. Color or race: Negro
6. (a) Single, married, widowed, or divorced: widowed
8 (b) Name of husband or wife: William Buchanan
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Jan. 15, 1888

8. AGE: Years 51 | Months 9 | Days 18 | If less than one day — hrs. — min.

9. Birthplace Fallston, Harford, Md (Town, county, and state)
10. Usual occupation Laundress
11. Industry or business
FATHER 12. Name Joshua Bond
13. Birthplace Penna.
MOTHER 14. Maiden name Harriett Bond
15. Birthplace Harford County, Md.
16. Informant Mrs Grace Christie
Address 560 Lewis St. Havre de Grace, Md
17. Removal (Burial, cremation, or removal. Which?) Date thereof 11-5-39 (month) (day) (year)
Cemetery or crematory Fawn Grove
Location Fawn Grove Pa.
18. Funeral director Elmer E Bullock
Address Havre de Grace, Md
19. 11-6 1939 (Date rec'd by registrar) O. E. Chambers Dept - Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 2 1939, at 6:20 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 31 1939, to Nov 2 1939, and that I last saw her alive on Oct 31 1939.

Immediate cause of death: Cerebral hemorrhage — DURATION: 2 days
Due to Hypertension — 5 years
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Gerald C. Palmer M.D. M. D. or other
Address Bel Air, Md Date signed Nov 3, 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (47-B)

CERTIFICATE OF DEATH

11039

Reg. Dist. No. 182

1. PLACE OF DEATH:
County Harford
City or town Bel Air Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ✓
Stay in hospital or inst. (yrs., or mos., or days) ✓
Stay in this community (yrs., or mos., or days) 71

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Harford
City or town Bel Air Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ✓
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Charles T Carver

3. (b) Social Security Number

4. Sex Male
5. Color or race white
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Irene W Carver
6(c) If alive, give age 69 years
7. Birth date of deceased (mo., day, yr.) Oct 15 - 1868
8. AGE: Years 71 Months — Days 29 If less than one day ___ hrs. ___ min.
9. Birthplace Bel Air Harford Md
(Town, county, and state)
10. Usual occupation Merchant
11. Industry or business Gen. Clothing Store
FATHER
12. Name Geo. W Carver
13. Birthplace Havre de Grace - Md
MOTHER
14. Maiden name Mary Thorpe
15. Birthplace Baltimore Md
16. Informant Mrs Chas T Carver
Address Bel Air, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 16 - 1939 (month) (day) (year)
Cemetery or crematory Mt Zion
Location Near - Bel Air - Md
18. Funeral director Dean & Foster
Address Bel Air Md
19. Nov 16th 1939 N E Richardson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 14 1939, at 4 10 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1910, to Nov 14 1939, and that I last saw him alive on Nov 14th 1939.
Immediate cause of death Cancer of Lung
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations Cancer of Lung
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Chas. Richardson M. D. or other
Address Bel Air Md Date signed Nov 15th

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

WITHIN CORPORATE LIMITS OF

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11040

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford County
City or town Havre de Grace
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Harford Memorial Hospital
Stay in hospital or Inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Havre de Grace Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 812 Conesto Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Peggy Olanda Elliott

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Baby

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept 26, 1938

8. AGE: Years 1 | Months 14 2 | Days 3 | If less than one day ____ hrs. ____ min.

9. Birthplace Havre de Grace Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name David Elliott
13. Birthplace Havre de grace, Md.

MOTHER 14. Maiden name Bertie Webb
15. Birthplace Altoona, Pennsylvania

16. Informant Mr. David S. Elliott
Address Havre de Grace, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 30 1939 (month) (day) (year)
Cemetery or crematory Rock Run
Location Harford Co. Md.

18. Funeral director R. Madison Mitchell
Address Havre de Grace, Md.

19. Nov 30th 1939 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 29 1939, at 6 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 28 1939, to Nov. 29 1939, and that I last saw her alive on Nov. 29 1939

Immediate cause of death	DURATION
Lobar Pneumonia	4 days
Due to	
Due to	
Other conditions Cardiac Failure	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Charles J. Foley M.D. M. D. or other
Address Havre de Grace Md Date signed 11/30/39

RECEIVED
DEC 4 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (8)

Reg. Dist. No. 183

11141

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Harford
(b) City or town Havre de Grace (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Harford Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in this community (yrs., mos., or days) 0

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Havre de Grace (If outside city or town limits, write RURAL and give town)
(d) Street No. 312 Market St (If rural give location)
(e) If foreign born, how long in U. S. A.? 0 years

3 (a) FULL NAME Alice Montrose Gibson

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 16, 1936

8. AGE: Years | Months | Days: 0 | If less than one day: 0 hr. 0 min.

9. Birthplace Havredegrace Md. (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Russell N. Gibson
13. Birthplace Mass.

MOTHER
14. Maiden Name Vesta Baldwin
15. Birthplace Havredegrace, Md.

16 (a) Informant Mr. Russell N. Gibson
(b) Address Havre de Grace, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 16, 1939 (month) (day) (year)
(c) Cemetery or crematory Angel Hill
Location Havre de Grace Md.

18 (a) Funeral director R. Madison Mitchell
(b) Address Havre de Grace - Md.

19 (a) Nov 16th 39 (Date rec'd by registrar) (b) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death Nov. 16 1939, at 4.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 16 1939, to Nov 16 1939, and that I last saw him alive on Still Born

Immediate cause of death	Duration
Still Born	
Due to Ap. term	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. N. Steiner M. D. or other
Address Havre de Grace Date signed 11-16-39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 4 1939
BUREAU V. S.

11042

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:

County Harford

City or town Rural Near Havre de Grace
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 73 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Harford

City or town Rural Near Havre de Grace Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs. Ella Keen Greenway

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband ~~or wife~~ Wilton Greenway

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 5th 1866

8. AGE: Years 73 | Months 9 | Days – | If less than one day hrs. min.

9. Birthplace Perryman Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Bennetick H. Keen
13. Birthplace Harford Co. Md.

MOTHER
14. Maiden name Mary K. Michael
15. Birthplace Harford Co. Md.

16. Informant Mr. S. W. Porter

Address 1316 Eutaw Place Balto. Md

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Nov. 13th 1939
(month) (day) (year)

Cemetery or crematory Spesutia

Location Perryman Md.

18. Funeral director Henry Tarring & Sons

Address Aberdeen Md.

19. Nov. 13 1939 O. C. Michael
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 11 1939, at 2:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1936, to Nov 11 1939, and that I last saw her alive on Nov 11 1939.

Immediate cause of death	DURATION
Arterio Sclerosis	5 yrs
Cerebral Hemorrhage	2 yrs
Due to Chronic Diffuse	
Nephritis	1 yrs
Due to Chronic Myocarditis	1 yr
Cachexia	
Other conditions Cardiac Failure	3 days

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles J. Foley M. D. or other

Address Havre de Grace Md Date signed 11/11/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T)

RECEIVED
DEC 5 1939
FWS/BAU V. S.

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

CERTIFICATE OF DEATH

11043

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Harford

City or town Havre de Grace, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, ~~hospital, or institution~~ 519 - Bourbon St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Harford

City or town Havre de Grace Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 519 Bourbon St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lena Hamilton.

3. (b) Social Security Number 2

4. Sex	5. Color or race	6. (a) ~~Single, married~~, widowed, or ~~divorced~~
Female	white	Widowed.

B (b) Name of husband ~~or wife~~ Frank Hamilton.

6(c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) Nov. 6 - 1863

8. AGE:

Years	Months	Days	If less than one day
76	—	15	——— hrs. ——— min.

9. Birthplace Philadelphia, Pa.
(Town, county, and state)

10. Usual occupation House work.

11. Industry or business

FATHER 12. Name Alfred Burbett.

13. Birthplace Pa.

MOTHER 14. Maiden name Unknown.

15. Birthplace Unknown.

16. Informant Mrs. Clara Evans.

Address Havre de Grace, Md.

17. Burial Date thereof Nov. 24-39.
(Burial, ~~cremation, or removal. Which?~~) (month) (day) (year)

Cemetery ~~or crematory~~ Angel Hill Cem.

Location Nr. Havre de Grace, Maryland.

18. Funeral director Pennington & Son.

Address Havre de Grace, Md.

19 Nov. 23rd 1939 James H. Bay M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 22nd 1939, at 6 20 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 31st 1939, to Nov 22nd 1939, and that I last saw him alive on Nov 21st 1939.

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to Arteriosclerosis	
Due to	
Other conditions Exhaustion	

(Include pregnancy within 3 months of death)

Major findings: None

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ——— Date of ———

Where did injury occur? ——— (City or town) ——— (County) ——— (State)

Injured at home, farm, industry, public place (where?)

Means of injury ——— Injured at work?

23. SIGNATURE F. R. Steiner M. D. or other

Address Havre de Grace Md. Date signed 11-22-39

RECEIVED
DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92a)

CERTIFICATE OF DEATH

11044

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Harford
City or town: Havre de Grace
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 415 Lodge Alley
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 30 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Harford
City or town: Havre de Grace Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 415 Lodge Alley
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Emma Nelson Harris

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Black	Married

6 (b) Name of husband or wife: John Edward Harris
6(c) If alive, give age: 52 years

7. Birth date of deceased (mo., day, yr.): June 21, 1886

8. AGE:

Years	Months	Days	If less than one day
53	4	11	— hrs. — min.

9. Birthplace: Harford Co. Md.
(Town, county, and state)

10. Usual occupation: Household Duties

11. Industry or business: Private Home

FATHER
12. Name: Geo. Ridgely
13. Birthplace: Md.

MOTHER
14. Maiden name: Mary Garrett
15. Birthplace: Harford Co. Md.

16. Informant: Mr. John Ed. Harris
Address: Havre de Grace, Md.

17. Burial (Burial, cremation, or removal Which?) Date thereof Nov. 3, 1939 (month) (day) (year)
Cemetery or crematory: A.S. Jury
Location: Near Churchville, Harford Co.

18. Funeral director: T. Madison Mitchell
Address: Havre de Grace, Md.

19. Nov. 2 (Date rec'd by registrar) 19 39 James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 1, 19 39, at 1:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 22nd 1939 to Nov. 1 1939, and that I last saw h[er] alive on Nov. 1, 1939.

Immediate cause of death	DURATION
Arteriosclerosis	
Due to Valvular Heart Disease	
Due to	
Other conditions Hypertension	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: James H. Bay M. D. or other
Address: Havre de Grace, Md. Date signed 11/2/39

RECEIVED
DEC 4 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94E) CB

11045

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:

County Harford

City or town Rural Near Aberdeen
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Paradise Road

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 10 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Penn County

City or town ~~2116~~ Phila Pa Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 2116 Estaugh St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Mr. Henry Clifton Huff

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widower

6 (b) Name of ~~husband or~~ wife Ella C. Clansey

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 11th 1873

8. AGE: Years 66 | Months 2 | Days 28 | If less than one day hrs. min.

9. Birthplace Dublin Harford Co. Md.
(Town, county, and state)

10. Usual occupation Manager

11. Industry or business Cigar Factory

FATHER
12. Name Jonas Courtney Huff
13. Birthplace Maryland

MOTHER
14. Maiden name Martha H. Arnold
15. Birthplace Aberdeen Md.

16. Informant Mrs. John S. Yarish
Address Aberdeen Md. R.F.D.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Nov. 12th 1939 (month) (day) (year)

Cemetery or crematory Baker's

Location Aberdeen Md.

18. Funeral director Henry Tarring Sons.
Address Aberdeen Md.

19. Nov 11 1939 (Date rec'd by registrar) O. C. Michael Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 9 1939, at 12 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 9 1939, to 19

and that I last saw him alive on Nov 9-34 19

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Havre de Grace Md Date signed 11/10/39

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B2-P)

CERTIFICATE OF DEATH

11046

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A16

1. PLACE OF DEATH

County Harford

City or town Havre de Grace Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Harford Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days) 20 hours

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Cecil

City or town Charlestown Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR not a veteran

3. (a) FULL NAME Alfred G Kaus

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	widowed

6 (b) Name of husband or wife Bertha Kaus

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 28 - 1892

8. AGE: Years	Months	Days	If less than one day
47	2	20	hrs. min.

9. Birthplace Switzerland (Town, county, and state)

10. Usual occupation Chef

11. Industry or business

FATHER 12. Name George Kaus

13. Birthplace Switzerland

MOTHER 14. Maiden name Mary Blasi

15. Birthplace Switzerland

16. Informant Mildred Kaus

Address Charlestown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 21. 1939 (month) (day) (year)

Cemetery or crematory Charlestown Methodist

Location Charlestown, Md

18. Funeral director Joseph. R. Shaw

Address North East, Md

19. Nov 20th 1939 (Date rec'd by registrar) James B Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 18 1939, at 7 10 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 17 1939, to Nov 18 1939, and that I last saw him alive on Nov 18 1939.

Immediate cause of death	DURATION
Cerebral Embolus	
following	
Due to Gastric Ulcer,	
with severe	
Due to Hemorrhage into	
Intestines, and	
Other conditions perforated	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles J Foley M D M. D. or other

Address Havre de Grace Md Date signed 11/19/39

RECEIVED
DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (210-m)

11047

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH:
County Harford
City or town Van Bibber
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Baltimore
City or town Parkville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 33 Woodside Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Carl James Krucky

3. (b) Social Security Number 216-01-9466

4. Sex M
5. Color or race W
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) October 10, 1916
8. AGE: Years 23 Months 0 Days 25 If less than one day hrs. min.
9. Birthplace Balto City (Town, county, and state)
10. Usual occupation Sheet Metal
11. Industry or business Airplane Mfg
FATHER 12. Name James F. Krucky
13. Birthplace Balto City Md
MOTHER 14. Maiden name Anna Macks
15. Birthplace Balto City Md
16. Informant Anna Krucky
Address 3033 Woodside Ave
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 8 1939 (month) (day) (year)
Cemetery or crematory Holy Redeemer
Location Balto City Md
18. Funeral director F. Lassahn & Son
Address 7401 Belair Rd.
19. Nov. 5 1939 (Date rec'd by registrar) Emily M Shipley Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 5 1939, at 12:15 M approx
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19 .
Immediate cause of death Cerebral Concussion - Hemorrhage
Due to Probable Fracture of Skull
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Dt operations
Df autopsy None

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of Nov. 5. 1939
Where did injury occur? Winters Run (City or town) Harford (County) Md (State)
Injured at home, farm, industry, public place (where?) Route 40
Means of injury Auto accident Injured at work? no

23. SIGNATURE J. H. Ramsey M.D. Dep. Med. Examiner M.D. or other
Address Aberdeen, Md Date signed 11/5/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 13 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (210-m)

11048

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County Harford County

City or town Havre de Grace (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Harford Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother)

State Maryland County Baltimore

City or town Baltimore Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 1341 N. Gay St. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Frank Lasinski

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, ~~married, widowed, or divorced~~ Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 10 1917.

8. AGE: Years 22 years Months -2- Days 25. If less than one day hrs. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual occupation Clerk.

11. Industry or business

FATHER 12. Name Frank P. Lasinski.

13. Birthplace Baltimore, Md.

MOTHER 14. Maiden name Irene Hanson.

15. Birthplace Baltimore, Md.

16. Informant George J. Ruth.

Address 1735 Harford ave., Balto, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof Nov. 8-1939. (month) (day) (year)

Cemetery ~~or crematory~~ Woodlawn Cemetery,

Location Baltimore, Md.

18. Funeral director George J. Ruth,

Address 1735 Harford ave, Balto, Md.

19. Nov 5th 1939 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5 1939, at 29. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19

Immediate cause of death Shock & Hemorrhage Cerebral Concussion

Due to Lacerations Hands & Feet

Due to Comp. Frac - Left leg

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Of autopsy None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide accident Date of Nov. 5, 1939

Where did injury occur? Winters Run (City or town) Harford (County) Md. (State)

Injured at home, farm, industry, public place (where?) Public Road - Route 40

Means of injury auto accident Injured at work? No

23. SIGNATURE J H Ramsey M.D. Dep. Med. Examiner

Address Aberdeen Md. Date signed 11/5/39

RECEIVED
NOV 13 1939
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

WITHIN CORPORATE LIMITS OF

11049

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Harford

City or town Havre de Grace

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Harford Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days) 5 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford

City or town Havre de Grace (If outside city or town limits, write RURAL NEAR and give town)

Street No. 659 Otsego St. (If rural, give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Catherine Lay

3. (b) Social Security Number

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband ~~or wife~~: Frank Lay

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 25 - 1852

8. AGE: Years 87 | Months 5 | Days 3 | If less than one day ____ hrs. ____ min.

9. Birthplace: Baltimore, Md (Town, county, and state)

10. Usual occupation: At home

11. Industry or business:

FATHER 12. Name: August Salzig

13. Birthplace: Germany

MOTHER 14. Maiden name: Margaret Hermann

15. Birthplace: Germany

18. Informant: Mrs. Pearl E. Lindsay

Address: 659 Otsego St. Havre de Grace, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 1st 1939 (month) (day) (year)

Cemetery or crematory St. Paul Lutheran

Location: Perryman Md

18. Funeral director: Henry J. Jarrett Sons

Address: Aberdeen Md

19. Nov. 30th 1939 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 28 1939, at 5:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 23 1939, to Nov 28 1939, and that I last saw h[illegible] alive on Nov 28 1939.

	DURATION
Immediate cause of death: Chronic Myocarditis	
Due to: Chronic Nephritis	
Due to: Hypertension	
Due to: Coronary Thrombosis	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: A. Lewis M.D. M. D. or other

Address: Havre de Grace Date signed: 11/24/39

RECEIVED
DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164)

CERTIFICATE OF DEATH

11050

Reg. Dist. No. 181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford,
City or town nr. Aberdeen, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or daye)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sydney Reed Lang.

3. (b) Social Security Number

4. Sex: Male | 5. Color or race: White | 6.(a) Single, ~~married, widowed, or divorced~~: Single,

6 (b) Name of husband or wife

6(c) If e1ive, give age years

7. Birth date of deceased (mo., day, yr.) May 17- 1911.

8. AGE: Years: 38 | Months: 5 | Days: 17 | If less than one day: hrs. min.

9. Birthplace nr. Aberdeen, Md.
(Town, county, and state)

10. Usual occupation assistant Engineer

11. Industry or business

FATHER
12. Name Christian Lang.
13. Birthplace nr. Glase, Md.

MOTHER
14. Maiden name Edith Fullam,
15. Birthplace Harford Co, Md.

16. Informant Dorothy Lang
Address 361- Lewis St, Havre de Grace, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 16. 1939. (month) (day) (year)

Cemetery or crematory Lutheran Cemetery,
Location nr. Perryman, Md.

18. Funeral director Penfington & Sons,
Address Havre de Grace, Md.

19. Nov. 15 1939 (Date rec'd by registrar) O.C. Michael Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 14 1939, at Between 12 M & 4 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19,
and that I last saw h alive on 19.

	DURATION
Immediate cause of death Carbon Monoxide poisoning	
Due to Suicidal poisoning by gas	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Suicide Date of Nov. 14, 1939
Where did injury occur? near Aberdeen (City or town) Harford (County) Md (State)
Injured at home, farm, industry, public place (where?) Public Road
Means of injury Carbon Monoxide Self administered Injured at work? No

23. SIGNATURE J.M. Lamsey M.D. Dep. med. Examiner
Address Aberdeen Md Date signed 11/15/39

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

CERTIFICATE OF DEATH

11051

Reg. Dist. No. 183

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford.
City ~~or town~~ Havre de Grace.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, ~~hospital, or institution~~ 502 Juniata St.,
~~Stay in hospital or inst.~~ (yrs., ~~or mos., or days~~)
Stay in this community (yrs., *or* mos., *or* days) all his life.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infant, give residence of mother)
State Maryland County Harford
City or town Havre de Grace Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 502 Juniata St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Thomas H. Mackin.

3. (b) Social Security Number /

4. Sex	5. Color or race	6. (a) ~~Single, married,~~ widowed, or ~~divorced~~
Male	white	widower.

6 (b) Name of ~~husband or~~ wife Margaret R. Cloake, deceased. 6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 20 - 1861.

8. AGE:

Years	Months	Days	If less than one day
78	4 -	2.	____ hrs. ____ min.

9. Birthplace Havre de Grace, Md. (Town, county, and state)
10. Usual occupation Bridge tender.
11. Industry or business Retired

FATHER
12. Name Michael Mackin.
13. Birthplace Ireland.

MOTHER
14. Maiden name Mary Laiff.
15. Birthplace Ireland.

16. Informant Mrs. J. P. Beckman.
Address Havre de Grace, Md.

17. Burial. Date thereof Nov. 26-1939. (Burial, ~~cremation, or removal. Which?~~) (month) (day) (year)
Cemetery ~~or crematory~~ Angel Hill Cemetery
Location nr. Havre de Grace, Md.

18. Funeral director Pennington & Son.
Address Havre de Grace, Md.

19. Nov. 25th 1939. James H. Bay M.D. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 23 1939, at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1937 to Nov 23 1939, and that I last saw h~~im~~ alive on Nov 23 1939,

Immediate cause of death	DURATION
Arteriosclerosis	
Hypertension	
Due to Cerebral Hemorrhage	
Due to Hemiplegia	
Other conditions Cardiac Failure.	

(Include pregnancy within 3 months of death)

Major findings:
Dt operations
Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Charles F. Foley M.D.
M. D. or other
Address Havre de Grace Date signed 11/27/39

RECEIVED
DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11052

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Harford

City or town: Bel Air, Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ✓

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 40

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Harford

City or town: Bel Air Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓ (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME: Abigail Maddox

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	col	widowed

B (b) Name of husband or wife: Massey Maddox

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.): July 5 - 1861

8. AGE: Years: 58 | Months: 9 | Days: 16 | If less than one day: hrs. min.

9. Birthplace: Lancaster Pa (Town, county, and state)

10. Usual occupation: Home duties

11. Industry or business ✓

FATHER — 12. Name: George Smith

FATHER — 13. Birthplace: Lancaster Co. Pa.

MOTHER — 14. Maiden name: Eliza Green

MOTHER — 15. Birthplace: Lancaster Co. Pa.

18. Informant: Mrs Nettie Durbin

Address: Bel Air Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 24 1939 (month) (day) (year)

Cemetery or crematory: Tabernacle

Location: near Benson Harford Co Md

18. Funeral director: Dean & Sons

Address: Bel Air Md

19. Nov 24 1939 (Date rec'd by registrar) NE Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 21 1939, at 10:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1937, to Nov 21 1939, and that I last saw h- alive on Nov 20 1939

Immediate cause of death	DURATION
Chronic myocardial Disease	3 yrs
Due to Essential Hypertension	10 yr.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN — Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Willard P. Hudson M. D. or other

Address: Forest Hill, Md Date signed 11/23/39

RECEIVED
DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

WITHIN CORPORATE LIMITS of

CERTIFICATE OF DEATH

11053

Reg. Dist. No. 185

1. PLACE OF DEATH:
County: Harford
City or town: Havre de Grace Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Harford Memorial Hospital
Stay in hospital or inst. (yrs., or mos., or days): 7
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For stillborn infants give residence of mother)
State: Md County: Harford
City or town: Bel Air Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: R# 2
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Margaret Alice McDonald

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth data of deceased (mo., day, yr.): Feb 18 1861

8. AGE: Years 78 | Months 8 | Days 15 | If less than one day: hrs. min.

9. Birthplace: Harford County Md
(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER 12. Name: Dennis McDonald
13. Birthplace: Ireland

MOTHER 14. Maiden name: Anne Maraw
15. Birthplace: Ireland

16. Informant: Hospital records
Address: Havre de Grace Md

17. Burial, cremation, or removal. Which?: Burial
Date thereof: 11 6 1939 (month) (day) (year)
Cemetery or crematory: St Francis Abingdon
Location: Abingdon Md

18. Funeral director: Howard K Malcomson
Address: Abingdon Md

19. Nov 3rd 1939 (Date rec'd by registrar) James H Ray MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 3 1939 11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 30 1939, to Nov 3 1939, and that I last saw h alive on Nov 3 1939.

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to Arterio Sclerosis	
Due to Hypertension	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur?: (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Havre de Grace Date signed: 11/3/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (92a)

Reg. Dist. No. 181

11054

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Harford

(b) City or town Rural Havre de Grace (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Harford

(c) City or town Rural Havre de Grace (If outside city or town limits, write RURAL and give town)

(d) Street No. Home (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mary Amanda Mitchell

3 (b) If veteran, name war no

3 (c) Social Security No. no

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 9 1866

8. AGE: Years 73 Months 4 Days 14 If less than one day 0 hr. 0 min.

9. Birthplace Harford Co (Town, county, and state)

10. Usual occupation House Duties

11. Industry or business Home

FATHER 12. Name Amos A. Mitchell

13. Birthplace H. Co. Md.

MOTHER 14. Maiden Name Emily Jane Gilbert

15. Birthplace H. Co. Md.

16 (a) Informant Miss Helen Christy

(b) Address Havre de Grace R.F.D. 82

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 27 1939 (month) (day) (year)

(c) Cemetery or crematory Wesleyan Chapel

Location Harford Co

18 (a) Funeral director R. Madison Mitchell

(b) Address Havre de Grace Md.

19 (a) Nov. 26. 1939 (Date rec'd by registrar) (b) Bertha B. Knight Registrar

MEDICAL CERTIFICATION

20. Date of death Nov. 23, 1939, at 11 45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 23rd 1939, to Nov. 23 1939, and that I last saw him alive on Nov. 23 1939.

Immediate cause of death Coronary Thrombosis — Duration 1 hr

Due to

Due to

Other conditions Valvular Heart Lesion

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature James H. Bay M. D. or other

Address Town De Grace Md Date signed Nov 25 - 1939

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (184)

CERTIFICATE OF DEATH

11055

Reg. Dist. No. 182

1. PLACE OF DEATH:
County Harford
City or town Fallston Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1711 Asplan
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME George Arthur Standiford

3. (b) Social Security Number —

4. Sex M
5. Color or race W
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife —
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 15, 1925
8. AGE: Years 14 Months 3 Days 19 If less than one day hrs. min.
9. Birthplace Harford County Md (Town, county, and state)
10. Usual occupation School Boy
11. Industry or business
FATHER 12. Name Geo. W. Standiford
13. Birthplace Harford County Md
MOTHER 14. Maiden name Dorothy C. Creswell
15. Birthplace Harford County Md
16. Informant
Address 1711 Asplan Green St
17. (Burial, cremation, or removal. Which?) Date thereof 11/7/39 (month) (day) (year)
Cemetery or crematory Wilna Cemetery
Location Harford County Md
18. Funeral director F. B. Wippert
Address 801 Eutaw Place Baltimore Md
19. Nov 6th 1939 N E Richardson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 4 1939, at approx 1:30 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19
Immediate cause of death Hemorrhage from gunshot wound of neck & skull
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy none

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 11/4/39
Where did injury occur? Near Fallston (City or town) Harford (County) Md. (State)
Injured at home, farm, industry, public place (where?) Farm
Means of injury gunshot wound Injured at work? no

23. SIGNATURE J H Ramsey M.D. Dep. Med. Examiner
Address Aberdeen, Md. Date signed 11/4/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RE[illegible]
NOV 14 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11056

(131)

1. PLACE OF DEATH

County Hartford Co. Registration Dist. No. 182

Village or City Baldwin No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John E. Trust Jr. If U. S. Veteran, specify WAR ...

(a) Residence: No. Baldwin St., Ward. ...

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline R. Trust

6. DATE OF BIRTH (month, day, and year) Sept 16, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ...

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto City Md

FATHER

13. NAME Dont know

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John E. Trust Jr. (Address) 1711 Belt St.

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date Nov 25, 1939

19. UNDERTAKER A. Howard Evans (Address) 1400 St Charles St

20. FILED Nov 22 1939 M. E. Richardson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov (Month) 22 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1939, to Nov 22, 1939

I last saw him alive on Nov 20, 1939; death is said to have occurred on the date stated above, at 2 p m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic nephritis	
Arteriosclerosis	
Other Contributory Causes of importance:	

Name of operation ~ Date of ...

What test confirmed diagnosis? ~ Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ~ Date of Injury ..., 19...

Where did injury occur? ~ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ~

Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) W. W. Hopkins M. D.

(Address) Baldwin Md

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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DEC 4 1929
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH (97)

11057

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Harford

City or town Bel Air

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ✓

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) 12

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Harford.

City or town Bel Air, Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Henry Webster

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife ✓

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) July 21-1855

8. AGE:

Years	Months	Days	If less than one day
84	4	8	hrs. min.

9. Birthplace Sandy Hook Harford Co Md (Town, county, and state)

10. Usual occupation Retired

11. Industry or business Ship Agent

FATHER 12. Name John W Webster

13. Birthplace Harford Co Md

MOTHER 14. Maiden name Priscilla Smithson

15. Birthplace Harford Co Md

18. Informant Frank Webster

Address Forest Hill Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 1-1939 (month) (day) (year)

Cemetery or crematory Calvary

Location Near Churchville Md

18. Funeral director Dean & Forler

Address Bel Air Md

19. Dec 1st 1939 (Date rec'd by registrar) M E Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/29 1939, at 9 35 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1930, to 11/29 1939, and that I last saw h alive on 11/29 1939.

Immediate cause of death	DURATION
Senile Colitis with Hemorrhage	
This patient did not have cancer	
Due to ? Duration of illness: ten months	
The intertinal hemorrhage was probably	
Due to due to old age, etc	
Other conditions Arteriosclerosis.	

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy ✓

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury Injured at work?

23. SIGNATURE C B Hopkins M. D. or other

Address Bel Air Md Date signed 11/30/39

RECEIVED
DEC 4 1930
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

11058

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Harford

City or town Street, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Route 1

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Harford

City or town Street Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Route 1

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles E. Wells Still born

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Negro	Still-born

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 27, 1939

8. AGE: Years | Months | Days | If less than one day hrs. min.

9. Birthplace Street Maryland

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Marvin McClain

13. Birthplace Maryland

MOTHER 14. Maiden name Editha Wells

15. Birthplace Maryland

16. Informant Mary Webster

Address Street, Md. Route 1

17. Burial Date thereof Nov. 28, 39

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Clark's Chapel

Location Clark's Chapel, Md.

18. Funeral director Elmer E. Bullock

Address Havre de Grace, Md.

19. Nov. 28 1939 V. E. Chambers

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Bowdoin November 27 1939, at 8a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19, to 19;

and that I last saw h alive on 19.

Immediate cause of death	DURATION
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles L Cowne M.D.

M. D. or other

Address Laurel, Md. Date signed 11-27-39

RECEIVED
DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (17) Reg. Dist. No. 182

CERTIFICATE OF DEATH

11059

VS. A15 (7)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

(a) County Harford Co. Md.

(b) City or town Fallston (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) —

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Harford

(c) City or town Fallston (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Shirley Wilson

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	—

6 (b) Name of husband or wife —

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 26, 39

8. AGE: Years	Months	Days	If less than one day
	1	3	____ hr. ____ min.

9. Birthplace Md. (Town, county, and state)

10. Usual occupation ____

11. Industry or business —

FATHER 12. Name Willard Wilson

13. Birthplace Big Island Va.

MOTHER 14. Maiden Name Virginia Hankins

15. Birthplace Garden Co Va.

16 (a) Informant Ivy Hankins

(b) Address Fallston Md

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof 11/30/39 (month) (day) (year)

(c) Cemetery or crematory Friends

Location Fallston Md

18 (a) Funeral director Chas E Swope

(b) Address Benson Md

19 (a) Nov 29 (Date rec'd by registrar) (b) H. E. Richardson Registrar

MEDICAL CERTIFICATION

20. Date of death Nov. 29 1939, at 2.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 29 1939, to Nov 29 1939

and that I last saw him alive on Nov 29 1939

Immediate cause of death	Duration
Dehydration	1 week
Due to Diarrhoea	1 week
Due to	
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Herold C. Palmer M.D. M. D. or other

Address Bel Air, Md Date signed 11/29/39

RECEIVED
DEC 4 1939
BUREAU V. S.